

ST. MARY'S ELEMENTARY SCHOOL
2 St. Mary's Hill Lancaster, NY 14086
www.smeschool.com

Phone: 683-2112
Fax: 683-2134
"visible examples of Gospel Living"

Pre-K Program Registration Form 18-19

PLEASE PRINT

Student Legal Name: _____ Sex: ___M___F
Last First Full Middle

Address: _____
No. Street PO Box # City/Town Zip

Telephone: _____ Birth Date: _____ School District _____
Area Code mm/dd/yyyy

Birth Place: _____ Date Entered United States _____
City State Country (If not born in the United States)

Parish Affiliation: _____ Religion: _____

Please select: Parents Together _____ Parents Divorced _____ Parents Separated _____

If Separated/Divorced – Legal Custody: Mother _____ Father _____ Both _____ Other _____
(A court order must be present in the file before a parent can be denied access to his/her child.)

Student resides with: Both _____ Mother _____ Father _____ Guardian _____

Student Ethnicity: _____ (A) American Indian or Alaska Native (B) Black (not Hispanic origin) (C) Asian or Pacific Islander
(D) Hispanic (E) White (not Hispanic origin) (F) Multi-Racial (not Hispanic origin) **see other side for description

Household Name: _____ Household Language: _____

Household Address: _____

Telephone: _____ Email: _____
Area Code Number Street PO Box # City/Town Zip

Father's Name: _____
Last First Full Middle Suffix

Address (if different than household): _____
Number Street PO Box # City/Town Zip

Father's Email: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____
Number Street PO Box # City/Town Zip

Mother's Name: _____
Last First Full Middle Suffix

Address (if different than household): _____
Number Street PO Box # City/Town Zip

Mother's Email: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____
Number Street PO Box # City/Town Zip

Guardian Name: _____ Guardian E-Mail: _____
(If applicable) (If different from household)

Guardian Address: _____
Number Street PO Box # City/Town Zip

Telephone: _____ Cell Phone: _____

Paternal Grandparents: _____ Phone: _____

Address: _____
Number Street PO Box # City/Town Zip

Maternal Grandparents: _____ Phone: _____

Address: _____
Number Street PO Box # City/Town Zip

Emergency Contacts (other than parents, grandparents, and/or guardians)

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Name: _____ Relationship to Student: _____

Address: _____ Telephone: _____
Number Street City/Town Zip

Ethnicity Descriptions

- (A) American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- (B) Black (not Hispanic origin) – A person having origins in any of the black racial groups of Africa.
- (C) Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- (D) Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (E) White (not Hispanic origin) – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- (F) Multi-Racial (not Hispanic origin) – A person having origins in two or more of the categories of people classified as American Indian or Alaska Native, Black or African American (not Hispanic origin), Asian or Pacific Islander, or White (not Hispanic origin). Note: Any person of Hispanic or Latino origins, in whole or in part, should be reported as Hispanic or Latino.